

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-575)**

SERIAL NO.

10

APPLICANT

FILING DATE

621765

3/21/6 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2						
3						
4						1
5						1
6						1
7						1
8						1
9					1	
10					1	
11						1
12						1
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49						
50						
TOTAL IND.		↓		↓	3	↓
TOTAL DEP.	←		←		7	←
TOTAL CLAIMS					10	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						